

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-005827
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 87

Primary Registration District No. 4565

Registrar's No. 16

FILED FEB 27 1963

VS 300
Rev. 4/59

0280

3280

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CRAWFORD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SULLIVAN		Length of stay in 1b 1 DAY	c. CITY OR TOWN BOURBON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SULLIVAN COMM. HOSP.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.R. 2
3. NAME OF DECEASED (Type or, print) First SARAH Middle BALDWIN Last BALDWIN		4. DATE OF DEATH Month FEB. Day 23 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JAN. 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY FARMING	9. AGE (last birthday) 73
13a. FATHER'S NAME HAMON BALDWIN		13b. MOTHER'S MAIDEN NAME ELIZABETH BURGE	12. CITIZEN OF WHAT COUNTRY U.S.A.
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) NO		17. INFORMANT OLIVER BALDWIN, BOURBON R.R. 2, MO.	14. NAME OF HUSBAND OR WIFE NONE
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL THROMBOSIS		INTERVAL BETWEEN ONSET AND DEATH HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC C-V. DISEASE		DUE TO (c) YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) UREMIA. GOITER		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY BOURBON STATE MO.	
21. I attended the deceased from 1953 to 1963 and last saw her alive on Feb 22-1963		Death occurred at 12:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Robert W. Crawford (Degree or title)		22b. ADDRESS Sullivan, Mo.	22c. DATE SIGNED Feb 25-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB. 25, 1963	23c. NAME OF CEMETERY OR CREMATORY NEW ROCK CEM.	23d. LOCATION (City, town, or county) (State) BOURBON R.R. 2 MO
24. FUNERAL DIRECTOR H.M. EATON, SULLIVAN, MO.		25. DATE RECD. BY LOCAL REG. 2-25-1963	26. REGISTRAR'S SIGNATURE William D. Eaton

USE BLACK INK
OR
TYPEWRITER RIBBON

JUL 3 1963
MAY 29 1963
MAR 27 1963
FEB 27 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Thurston Jr. Eaton

Licensed Embalmer No. 5066

P. O. Address Fullerton, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.